

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/530910
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8	1	1				
9	1	1				
10	1	1				
11		1				
12		1				
13		1				
14		1				
15		1				
16	1	1				
17		1				
18		1				
19	1	1				
20	1	1				
21	1	1				
22	1	1				
23	1	1				
24	1	1				
25		1				
26	1	1				
27	1	1				
28	1	1				
29	1	1				
30		1				
31	1	1				
32	1	1				
33	1	1				
34	1	1				
35		1				
36		1				
37	1	1				
38	1	1				
39	1	1				
40	1	1				
41	1	1				
42	1					
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49	1	1				
50	1	1				
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1	1				
52		1				
53	1	1				
54		1				
55	1	1				
56		1				
57		1				
58		1				
59		1				
60	1	1				
61		1				
62		1				
63	1	1				
64		1				
65		1				
66	1	1				
67		1				
68		1				
69	1	1				
70	1	1				
71		1				
72		1				
73	1	1				
74		1				
75	1	1				
76	1	1				
77	1	1				
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86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	33	←		←		←
TOTAL CLAIMS	40					